

DEC 15 2004

**MORRISON & FOERSTER LLP**

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425 Market Street  
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**To:**

NAME:	FACSIMILE:
U.S. Patent and Trademark Office	(703) 872-9306

**FROM:** Michael R. Ward – Reg. No. 38, 651**DATE:** December 15, 2004**NUMBER OF PAGES WITH COVER PAGE: 17**Preparer of this slip has confirmed that facsimile number given is correct: MRW1/8693**CAUTION - CONFIDENTIAL**

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Re: U.S. Patent Application Serial No. 10/646,070  
For: CONTROL OF GENE EXPRESSION  
By: Michael W. GRAHAM et al.  
Art Unit: 1636  
Examiner: D.M. Sullivan  
Our reference: 54632-20003.03

**Papers attached herewith:**

1. Transmittal (1 page)
2. Fee Transmittal PTO-SB/17 (1 pg IN DUPL)
3. One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
4. Response to Restriction Requirement of 10/15/04 (12 pages)
5. This fax cover sheet (1 page)

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DEC 15 2004

PTO/SB/21 (09-04)

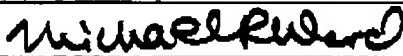
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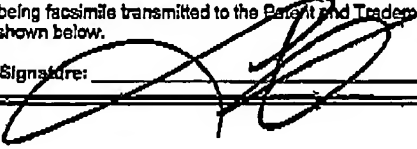
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/646,070	
	Filing Date	August 22, 2003	
	First Named Inventor	Michael W. GRAHAM	
	Art Unit	1836	
	Examiner Name	D. M. Sullivan	
Total Number of Pages In This Submission	16	Attorney Docket Number	546322000303

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form 1 pg IN DUPL  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply to Restriction Requirement of 10/15/04 - 12 pgs  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request - 1 pg  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Other Enclosure(s) (please identify below):  <b>VIA FACSIMILE</b>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP		CUSTOMER NO. 20872
Signature			
Printed name	Michael R. Ward		
Date	December 15, 2004	Reg. No.	38,651

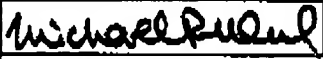
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Dated: December 15, 2004	Signature:  (LILJA OLSEN)

sf-1836291

PTO/SB/17 (12-04)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>for FY 2005</b>		<b>Complete if Known</b>					
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/646,070				
		Filing Date	August 22, 2003				
		First Named	Michael W. GRAHAM				
		Examiner Name	D. M. Sullivan				
		Art Unit	1636				
TOTAL AMOUNT OF PAYMENT (\$) 120.00		Attorney Docket No.	548322000303				
<b>METHOD OF PAYMENT (check all that apply)</b>							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account   Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison &amp; Foerster LLP</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
FILING FEES		SEARCH FEES		EXAMINATION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	-0-
Design	200	100	100	50	130	65	-0-
Plant	200	100	300	150	180	80	-0-
Reissue	300	150	500	250	600	300	-0-
Provisional	200	100	0	0	0	0	-0-
<b>2. EXCESS CLAIM FEES</b>							
Fee Description				Fee (\$)		Small Entity Fee (\$)	
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent				50		25	
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent				200		100	
Multiple dependent claims				360		180	
Total Claims	59	Extra Claims	-0-	Fee (\$)	-0-	Fee Paid (\$)	-0-
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HP + highest number of total claims paid for, if greater than 20							
Indep. Claims	3	Extra Claims	-0-	Fee (\$)	-0-	Fee Paid (\$)	-0-
	-3 or HP		X		-0-		-0-
HP + highest number of independent claims paid for, if greater than 3							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or reaction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	-0-	Extra Sheets	-0-	Number of each additional 50 or fraction thereof	-0-	Fee (\$)	Fee Paid (\$)
	-0-		-0-	/ 50 =	-0-	(round up to a whole number) x	-0-
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)							
Other: EXTENSION OF TIME				\$120.00			
SUBMITTED BY MORRISON & FOERSTER LLP				CUSTOMER NO. 20872			
Signature			Registration No. (Attorney/Agent)	38,651	Telephone	415/268-6237	
Name (Print/Type)	MICHAEL R. WARD		Date	December 15, 2004			

sf-1836332

## DUPLICATE COPY FOR FEE PROCESSING

PTO/SB/17 (12-04)

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		Date: <u>December 15, 2004</u>																																																							

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Dated: 12/15/04 Signature: [Signature]  
(Lilia Green)

DEC 15 2004  
Docket No.: 546322000303  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:

Michael W. GRAHAM et al.

Application No.: 10/646,070

Group Art Unit: 1636

Filed: August 22, 2003

Examiner: D. M. Sullivan

For: CONTROL OF GENE EXPRESSION

**RESPONSE TO RESTRICTION REQUIREMENT**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

This is in response to the restriction requirement set forth in the Office Action mailed October 15, 2004, (Paper No. 1004), for which a response was due on November 15, 2004. Applicants include a Petition for a one month extension of time with this response to extend the deadline to respond to this Office Action until December 15, 2004. As such, this response is timely filed.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 11 of this paper.

sf-1818175